

Project Title:

Increasing Tobacco Prevention, Assessment, and Treatment for LGBTQ+ Youth and Youth Adults by Expanding Partners (Engaging Partners)

Funding:

A two-year project funded by the Maine Cancer Foundation provides \$100,000 grant to implement this work; July 2022 through June 2024

Brief Summary

Background:

LGBTQ+ youth and young adults use all types of tobacco products (combustible, aerosol-vaped, chewed, etc.) at higher rates than their non-LGBTQ+ peers. The Maine Integrated Youth Health Survey (MIYHS) in 2019 <https://www.maine.gov/miyhs/2019-results> found that during the past 30 days, 6% of non-LGBT youth smoked tobacco in the past 30 days, while 13% of LGBT youth smoked cigarettes; 37% of non-LGBT high school students used any tobacco product, compared to 44% of LGBT high school respondents. Two national, probability-based surveys of youth and young adults ages 15-24 known as the Truth Longitudinal Cohort Survey in 2017 and 2021. In the 2021 survey, e-cigarette use among non-LGB was 13%, and among LGB respondents almost 20% used e-cigarettes which echoes Maine's 2019 data. Non-LGB respondents reported smoking at a rate of 6% while LGB respondents' cigarette use was almost 13%. The [MMWR, Morbidity and Mortality Weekly Report published on](#) March 18, 2022 reported that lesbian, gay, or bisexual adults used tobacco at a higher rate of 25.1% than heterosexual/straight adults at 18.8%.

It is important to reduce the rates of use among LGBTQ+ and non-binary peers, as social network behaviors influence individual behavior to a large degree. Due to the higher use rates, it is critical to increase tobacco treatment as a tobacco prevention strategy. Social network use of tobacco is a strong indicator of likelihood to initiate use as well as a common barrier to quitting tobacco use.

Youth and adults alike believe that tobacco use reduces and manages symptoms related to anxiety, depression, and stress, common mental health symptoms reported by LGBTQ+ youth. LGBT students reported feeling sad and lonely for two or more weeks in the past year at a rate of 64% as opposed to 27% among non-LGBT peers, Maine Integrated Youth Health Survey (MIYHS 2019). Additional MIYHS LGBT data is summarized in the LGBT Student Health fact sheet. <https://www.maine.gov/miyhs/2019-fact-sheets>.

Note: Since the grant was funded, the 2021 MIYHS data has become available. The newer MIYHS data is used in the presentations.

Note: Including references to cannabis use are included as there is a high co-use of the two substances. The co-use requires attention to both substances.

Summary

LGBTQ+ youth are served by a variety of providers for healthcare, mental health, social services and other supports through mental and physical health practices, schools and community programs.

Providers, practices, and schools are better positioned to support LGBTQ+ youth when the settings and people are LGBTQ+ welcoming, affirming, and safe. Also providers would be more likely to effectively engage LGBTQ+ youth and young adults in tobacco use prevention, assessments, or treatment if knowledgeable about current, readily available resources and gain tobacco prevention and treatment knowledge and skills.

Activities

This three-phase, two-year project includes the following and will implement a rapid quality improvement process for each phase.

Phase 1: Train at existing conferences, workshops, etc. to:

- **Increase awareness, strategies, and technical assistance to be inclusive and welcoming**
- **Connect to tobacco prevention, assessment, and treatment resources designed for youth and available through reliable sources such as Maine Health/CTI, Truth Initiative.**

Phase 2: Assess and respond to providers' additional needs

- Modify existing evidence-based materials to be responsive to the LGBTQ+ youth and different providers (school supports, social workers, pediatricians/primary care, etc.)

Phase 3: Develop and pilot virtual LGBTQ+ youth tobacco treatment groups.

- Recruit youth to participate, engage providers to refer

Evaluation

The evaluation plan includes post-training/post TA surveys/interviews with healthcare providers, social workers/counselors, and school-based providers at the time of the training and at 6-18 month intervals. Not all items will be in each assessment.

The evaluation will assess changes to

- Be more LGBTQ+ welcoming and affirming
- Knowledge of evidence-based tobacco prevention and treatment strategies
- Knowledge and use of youth appropriate resources and materials (modify generic material to be LGBTQ+ youth appropriate over time)
- Type(s) of and satisfaction with Technical Assistance
- Increased tobacco discussions with LGBTQ+ youth
- Referrals to the virtual groups, successes and barriers experienced along the way (Year 2)

The virtual LGBTQ+ youth tobacco treatment program evaluation will include surveys/interviews with the LGBTQ+ youth/young adults and the facilitators as well.

Dissemination of Findings

We plan to present learnings from our project as well as resources/materials developed at statewide and national conferences following the completion of this two-year project.

Contact Joanne Joy at j.joy@hccame.org, text or call at 207 446 6569